



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL (LOGANSFORT)

City of Hospital: Logansport

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Sherri Gehlhausen

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Medicare Provider Number: 15-0072

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$33355262
Outpatient Patient Service Revenue	\$136940808
Total Gross Patient Service Revenue	\$170296070

2. Deductions From Revenue

Contractual Allowance	\$90709288
Other Deductions	\$1428892
Total Deductions	\$92138180

3. Total Operating Revenue

Net Patient Service Revenue	\$78157890
Other Operating Revenue	\$2333574
Total Operating Revenue	\$80491464

4. Operating Expenses

Salaries and Wages	\$31575975	Employee Benefits	\$7764516
Depreciation and Amortization	\$4021386	Interest Expense	\$505496
Bad Debt	\$7795723	Other Expenses	\$26820494
Total Operating Expenses	\$78483590		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2007874	Total Assets	\$95363154
Net Non-operating Gains over Loss	\$139907	Total Liabilities	\$31011369

Total Net Gains	\$2147781
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$67301934	\$42161505	\$25140429
Medicaid	\$35128741	\$23717624	\$11411117
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$67865395	\$26259051	\$41606344
Total	\$170296070	\$92138180	\$78157890

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1868889	\$-1868889

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$163305	\$-163305
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$23550	\$-23550

Number of Medical Professionals Trained	145
Number of Hospital Patients Educated	116358
Number of Citizens Exposed to Health Education Messages	15000

Statement Six: Charity Statement

Hospital Charity Charges	\$1428892
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$439459	
HCI Payments	\$0		
Subtotal	\$0	\$439459	\$-439459
Medicaid Shortfalls	\$8100048	\$10803936	
Subtotal	\$8100048	\$11243395	\$-3143347
DSH Payments	\$1,774,757		
Subtotal	\$9874805	\$11243395	\$-1368590
Medicare Shortfalls	\$20335143	\$20698886	
Other Government Programs	\$0	\$0	
Total	\$30209948	\$31942281	\$-1732333

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$11976	\$-11976
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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